

The body is continuously subject to all kinds of environmental assaults on its integrity. There have to be changes in the body's defense mechanisms for a clinical illness to occur. Psychosocial events can have a profound effect on the internal milieu of the body. These effects are mediated through the neuroendocrine systems and the neuro-control of such other body systems as the cardiovascular and the pulmonary. Any persons with a recent accumulation of many (or a few very severe) life changes should make every effort to live as hygienically as possible in an attempt to prevent disease outbreak.

RANSOM J. ARTHUR, MD

REFERENCES

- Rahe RH: Subjects' recent life changes and their near-future illness reports. *Ann Clin Res* 4:250-265, Oct 1972
 Rahe RH, Floistad I, Bergan T, et al: A model for life changes and illness research. *Arch Gen Psychiat* 31:172-177, Jul 1974

Early Identification of Psychiatric Problems and Early Intervention

SECONDARY PREVENTION depends on two processes: first, the early identification of psychiatric problems and then the prompt intervention to minimize the effects of the disorder on the child and family.

Early Case Finding

As is always true in child mental health, early identification is best approached from the developmental standpoint. Initial concern is directed toward the identification of problems in the premature infant. Programs have been developed which utilize both specialized nursing care and the involvement of parents with the child within the first few days after birth. There are approaches designed to provide stimulation both to infant and mother, methods which give the person handling the baby special opportunities for handling and feeding in a setting which is conducive to being at ease and relaxed.

The First Year of Life

During the first year of life, the opportunities for early identification and intervention are highly dependent upon the precise observations of health and mental health personnel who come in contact with the child and mother. It is now possible to document the fact that, for whatever reasons, a given mother and her child seem to be having difficulties.

A number of studies have been reported describing early intervention in the first year of life. There are data showing effective intervention can be accomplished by working with mother-infant pairs and with groups of mothers and infants with similar but not the same problems. Groups in which mothers can share with other mothers who have similar concerns and worries are an effective means of education.

An infant's failure to gain weight and to thrive are early signs of difficulties which need attention. Both the infant and the parents require help from mental health and health specialists.

Preschool and Primary School Years

In the preschool years, especially in various nursery schools and Head Start programs, there are opportunities to observe children and to detect a variety of difficulties. Behavior such as overactivity, extreme clumsiness, anxiousness, incapacity to separate from mother, severe isolation, and failure to develop speech and other developmental landmarks may be signals of neurophysiological or psychological disturbance. In most instances, they are symptoms indicating a need for early intervention through work with both the child and parents.

There is some evidence that by the time a child enters school many patterns of adaptation and social behavior have been established which will be difficult to change. There is, however, much to suggest that early identification of children who have learning problems will raise the question to be explored that they are at risk and vulnerable in the school setting. Bateman and her group have estimated that 15 percent to 20 percent of school children have fairly severe learning problems; most of these are primarily evident as behavior difficulties in school.

The role of chronic disease during this period is especially important. The identification of chronic disease frequently occurs during the school years and often greatly interferes with the learning and socialization processes.

Secondary Prevention in Adolescence

In discussing issues of secondary prevention in adolescence, there are a number of issues to keep in mind. One is the increasing number of adolescent suicides. Another is the rise in the number of adolescents in whom psychotic, especially schizophrenic, disorders develop. Still another is

the fact that psychosomatic disorders such as anorexia nervosa are primarily diseases of adolescence. Similarly, one of the critical issues in young adolescents, especially for young women but of great importance to young men as well, is unwanted pregnancy. For many young women who have not had previous experiences in closeness and nurturance, sexual maturity and sexual attractiveness may mean sexual involvement as a means of feeling wanted, close to another person and loved. Recent efforts have been made to involve young pregnant unmarried women in continued education. They have been given classes in child development and they have been taught in nursery schools attached to the schools about being parents.

Crime, delinquency and homicide are appallingly high in adolescence, especially among the black and the poor. Many of the issues which center around these problems are related to the

socioeconomic conditions in which these youths develop.

The early detection of psychiatric disorder in early childhood (as well as later) depends upon how well health and mental health professionals can educate parents. The translation of observations must be made in terms of the effects both of intrapsychic stress and environmental stress on the adaptive functioning of young infants, children and adolescents.

IRVING N. BERLIN, MD

REFERENCES

- Berlin IN: Children in the seventies: Developmental concerns, findings and recommendations from the Joint Commission on Mental Health of Children, *In* Berlin IN (Ed): *Advocacy for Child Mental Health*. New York, Brunner/Mazel Inc., 1975, pp 11-26
- Berlin IN, Berlin R: Parents as the developmental advocates of children, *In* Berlin IN (Ed): *Advocacy for Child Mental Health*. New York, Brunner/Mazel, Inc, 1975, pp 37-45
- Berlin IN, Berlin R: Parents' advocate role in education as a primary prevention, *In* Berlin IN (Ed): *Advocacy for Child Mental Health*. New York, Brunner/Mazel, Inc, 1975, pp 145-157
- Berlin IN: Child mental health: Prevention and early intervention, *In* Lieberman EJ (Ed): *The Public Health Challenge*. Washington, DC, American Public Health Association, 1975, pp 168-171

ADVISORY PANEL TO THE SECTION ON PSYCHIATRY

STUART L. BROWN, MD, *Section Editor*
Advisory Panel Chairman
CMA Scientific Board Representative
La Jolla

JOE TUPIN, MD
CMA Section Chairman
CMA Scientific Board Representative
University of California, Davis

BERNARD SOSNER, MD
CMA Section Secretary
Beverly Hills

ROBERT KLAMP, MD
CMA Section Assistant Secretary
Modesto

ENOCH CALLAWAY, MD
CMA Scientific Board Representative
San Francisco

M. R. HARRIS, MD
University of California
San Francisco

R. BRUCE SLOAN, MD
University of Southern California
Los Angeles

LINN A. CAMPBELL, MD
Northern California Psychiatric
Society, San Francisco

RICHARD V. NORMINGTON, MD
Central California Psychiatric Society
Woodland

DANIEL B. BORENSTEIN, MD
Southern California Psychiatric
Association, Beverly Hills

PERRY BACH, MD
San Diego Psychiatric Society

HOWARD GUREVITZ, MD
Northern California Psychiatric
Society, San Mateo

BENJAMIN KOVITZ, MD
Loma Linda University

THOMAS A. GONDA, MD
Stanford University

E. MANSELL PATTISON, MD
University of California, Irvine

LOUIS J. WEST, MD
University of California, Los Angeles

LEWIS JUDD, MD
University of California, San Diego

LEON EPSTEIN, MD
University of California
San Francisco

P. R. SLAWSON, MD
University of California, Los Angeles
President
California Psychiatric Association